

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	214512331				
1.) CORPORATION NAME: <b>Thrivent Insurance Agency Inc.</b> <div style="float: right; text-align: right;">DUE DATE: <b>3/31/2014</b></div>						
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM</b> <b>4701 COX ROAD, SUITE 285</b> <b>GLEN ALLEN, VA</b> <div style="float: right; text-align: right;">SCC ID NO: <b>F1621970</b></div>						
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>		5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>25,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	25,000
CLASS	AUTHORIZED					
COMMON	25,000					
4.) STATE OR COUNTRY OF INCORPORATION: <b>MN</b>						
6.) PRINCIPAL OFFICE ADDRESS:  <div style="text-align: center;">ADDRESS: 625 FOURTH AVENUE SOUTH MS-REG FINANCIAL</div> <div style="text-align: center;">CITY/ST/ZIP: MINNEAPOLIS, MN 55415</div>						
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.						
NAME: KARL ANDERSON TITLE: DIRECTOR ADDRESS: 625 FOURTH AVENUE SOUTH CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55415	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
NAME: MARK ANEMA TITLE: VICE PRESIDENT ADDRESS: 625 FOURTH AVENUE SOUTH CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55415	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
NAME: JAMES M ODLAND TITLE: CCO ADDRESS: 625 FOURTH AVENUE SOUTH CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55415	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
NAME: KURT S TURESON TITLE: TREASURER ADDRESS: 625 FOURTH AVENUE SOUTH CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55415	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
NAME: JEAN KORDUS TITLE: DIR CONTR/LICEN ADDRESS: 625 FOURTH AVENUE SOUTH CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55415	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
NAME: KELLY LARMON TITLE: ASST SECRETARY ADDRESS: 625 FOURTH AVENUE SOUTH CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55415	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JULIE MURAWSKI DIR NONPROP INS 625 FOURTH AVENUE SOUTH MINNEAPOLIS, MN 55415	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CYNTHIA NIGBUR ASST SECRETARY 625 FOURTH AVENUE SOUTH MINNEAPOLIS, MN 55415	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KNUT A OLSON PRESIDENT 625 FOURTH AVENUE SOUTH MINNEAPOLIS, MN 55415	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES A THOMSEN DIRECTOR 625 FOURTH AVENUE SOUTH MINNEAPOLIS, MN 55415	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN HITE VICE PRESIDENT 625 FOURTH AVENUE SOUTH MINNEAPOLIS, MN 55415	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL JOHNSTON SECRETARY 625 FOURTH AVENUE SOUTH MINNEAPOLIS, MN 55415	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ZACK BAKKE DIR- BUS OPS 625 FOURTH AVENUE SOUTH MINNEAPOLIS, MN 55415	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ KURT S TURESON		KURT S TURESON, TREASURER	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			